

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<input checked="" type="checkbox"/> Complete items 1, 2, and 3. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the envelope.		A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i>	
		<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
		B. by (Printed Name) D. MEY	C. Date of Delivery 11-7
		<input type="checkbox"/> address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> enter delivery address below: <input checked="" type="checkbox"/> No	
Diana Mey 14 Applewood Drive Wheeling, WV 26003		NOV 13 2024 FILED	
5-24-cv-211 doc 3 11/05/2024		U.S. DISTRICT COURT - WVD WHEELING, WV 26003	
9590 9402 7663 2122 1741 33		3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
2. Article Number <i>Transfer from</i> 7022 3330 0001 9666 2839		<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt	